

**SIERRA NEVADA CONSERVANCY  
ADVANCE REQUEST – PROPOSITION 84 GRANTS PROGRAM**

**Mail to: 11521 Blocker Dr., Suite 205, Auburn, CA 95603  
Attention: Advance Request**

Date:	
Advance Request #:	
Grantee Name:	
Grantee Address:	
Project Title:	
Agreement Number:	G07_____
Application Number:	SNC 070_____
Term of Agreement:	_____ through _____
Total Grant Award:	\$ _____
Advance Requested:	\$ _____
Previously Approved Advance(s):	\$ _____

*[Insert Grantee Name]* requests an advance for the agreement specified above. This request is necessary for the following reason(s):

*[Insert compelling need for advance]*

We understand that the initial advance will be limited to no more than 50 percent of our total grant award, and that in no case will the total of multiple advance requests be approved for more than 90 percent of the outstanding balance of the grant award.

We further understand that our advance will be repaid by applying 90 percent of each subsequent invoice submitted after the advance is awarded towards reducing the balance of the advance until it is paid in full. The remaining 10 percent of each invoice will be retained pursuant to the requirements set forth in the Grant Agreement.

If you have any questions regarding this request, please contact Angela Avery or Lynn Campbell at 530-823-4670.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Phone Number:

\_\_\_\_\_  
Contact Name (if different from above)

\_\_\_\_\_  
Phone Number: